

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 21 1934

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City 533 Crescent Ave. (No. 533 Crescent Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 20269  
 Registered No. 820

**2. FULL NAME** Mrs. Daisy Shumate

(a) Residence, No. 533 Crescent St. \_\_\_\_\_ Ward Mt. Washington  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. W. Shumate

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 9 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leavenworth Kansas

13. NAME William Eagles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Kentucky

15. MAIDEN NAME Emily Haley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record Tenn.

17. INFORMANT T. W. Rees (ADDRESS) 611 W. Farmer, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Muncie-Leavenworth 6/30/34

19. UNDERTAKER STAHL'S FUNERAL HOME (ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED July 2 1934 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1934, to 6/27, 1934  
 I last saw him alive on 6/25, 1934 Death is said to have occurred on the date stated above, at 6:45 PM

The principal cause of death and related causes of importance were as follows:

Apoplexy  
Chronic Nephritis  
Hypertension  
 Other contributory causes of importance: Atherosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) D. Williams, M. D.

(Address) 10307 Badley Ave 10emo

